

RELEASE NOTES

FOR ECONOMIC ASSISTANCE

N-FOCUS Major Release

JULY 13, 2009

A major release of the N-FOCUS system is being implemented on July 13, 2009. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into five main sections:

General Interest and Mainframe Topics: All N-FOCUS users should read this section.

Expert System: All N-FOCUS users with responsibility for case entry for AABD/MED, ADC/MED, FSP, MED, and Retro MED should read this section.

Developmental Disabilities Programs: N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section. Note: This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

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GENERAL INTEREST AND MAINFRAME

ABILITY TO PAY

ATP INDICATOR FROM DD WINDOW (CHANGE)

The ATP indicator from the 'Detail Developmental Disabilities' window has been removed. Business no longer requires this indicator here as the determination is now through the ATP Icon on the Main Menu window.

CITRIX OR NFUSE USERS

SECURITY MEASURE (TIP)

A new time out feature has been implemented on CITRIX (also known as NFuse or Metaframe). This was done to comply with IRS and other security requirements that require the workstation to "lock up" after a certain amount of inactive time on the host machine. The lock out time for CITRIX is set to 30 minutes. After 30 minutes of inactivity, the worker will have to re-log on to CITRIX. The applications being worked will remain at the point they were left and no data will be lost. The web address is DHHS.NE.GOV

ALERTS

ALERT #353-DESK REVIEW (NEW)

This alert is created for FSP program cases on 24-month certifications for Change Reporting households. A desk review is due in the 12th month and needs to be documented in the case narrative.

ALERT #352-WP3 (NEW)

New Informational Alert, "WP-3 Created": When the WP-3 (EF/FSP Status Change Report) correspondence is created from the EF Program Case and is not printed; an alert will be created and sent to either the EF or ADC assigned worker(s). If the WP-3 is sent to the Work Program Contractor, then the alert is sent to the EF worker assigned as of the create date. If the sent to is State Staff Person, then it's sent to the ADC worker(s) as of the create date.

NOTE: If the WP-3 is printed or created from the FSP Program Case, an alert is not created.

ALERT #354-MULTIPLE CASES (NEW)

This alert notifies workers when a person is opened in a Master Case and that same person is open in program cases in another Master Case. The alert goes to all workers assigned to any program case in any of the Master Cases where the person is found to be open.

ALERT #322-SSI CLAIM DENIED (FIX)

There was a problem with Alert #322 of repeating whenever an SDX Interface was received. This was fixed with the 5/20/2009 batch release.

ALERT #331- ELECTRONIC APPLICATION RECEIVED (FIX)

There were instances when Alert 331 did not get created when an E-App was tied to a program case in the Mainframe. This has now been fixed. NOTE: This Alert functioned correctly when the program case was tied in the Expert system.

CLOSING AN ALERT (TIP)

Sometimes it is necessary to clear an alert that will appear in the future. An example is when an RFC or Verification Checklist is requested and the information comes in before the 10 days. To clear the alert, go to the Search Position Alert, change the As Of Date to the approximate date the alert will appear. This will present all alerts that will appear up to this date. Select the alert and Clear Alert from the Actions drop down. The alert will no longer appear in the Position Alerts on the date it is scheduled to appear.

ADDRESS

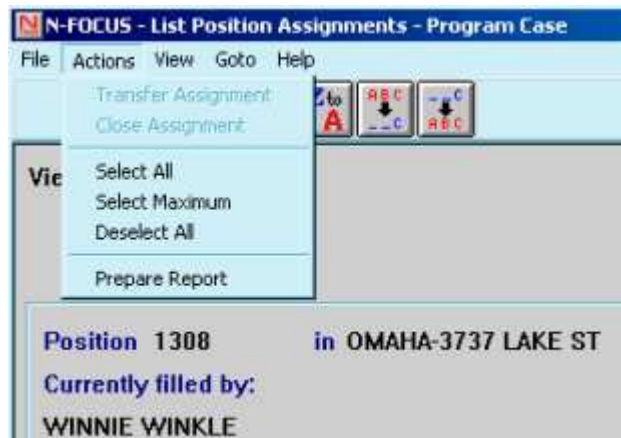
MAILING ADDRESS (TIP)

Do **NOT** enter a Mailing Address for anyone in the Master Case unless one or more individual(s) has specified that s/he wants to receive their mail at a PO Box or c/o someone at a different location. All correspondence from N-FOCUS looks first for a Mailing Address, and if none is found, will use the Physical Address. Therefore, it is unnecessary to add the mailing address unless it differs from the Physical Address.

ASSIGNMENT

TRANSFER PROGRAM CASE (FIX)

N-FOCUS does not allow more than 75 program cases to be transferred at a time. A new feature has been added to the Actions drop down list in the List Position Assignments-Program Case window. Under ACTIONS dropdown, by selecting the "Select Maximum to Transfer", the first 75 program cases will be selected to transfer. Then transfer these cases. If there are more to transfer, keep selecting this action and transfer until completion of the assignment transfer.



ORGANIZATION COMPLAINT ASSIGNMENT

When a position is vacated, N-FOCUS has been changed to show the position as "vacant" instead of blank.

CASE MAINTENANCE -- MAINFRAME CASE ACTIONS

BENEFIT SUMMARY

The MN Benefit Summary has been enhanced. Some Medically Needy (MN) participants are eligible for Medicare Part B state buy-in. If the participant is in this small group of buy-in eligible, the Share of Cost Adjustment Detail window will display the Medicare Part B expense as an excluded expense with an exclusion reason of 'Budgeting Rules'. In this situation it will not be used in the calculation of the adjusted share of cost since the participant is not responsible for payment of the premium.

CLAIM ITEM LIST (CHANGE)

The Claim Item List window off the Service Authorization window will now display preprint claims. Prior to this release, only the paid claims were shown.

SERVICE AUTHORIZATION CLAIMS AND PRE-PRINTS (TIP)

When renewing a service authorization, please keep in mind preprint billing documents will not be created and sent during the time period the service authorization expired and the date the renewal was created.

Example: Service Authorization service dates are 1/1/09 thru 3/31/09. On 5/15/09 the decision is made to renew the authorization with a new end date of 6/30/09.

Preprint billing documents will not have been created between the dates of 4/1/09 thru 5/15/09 because there were no services authorized.

Claims (billing documents) for services 4/1/09 thru 5/15/09 must be manually submitted or preprints can be printed by going to the Service Authorization Detail window. Select the dropdown Actions and then select "Print Pre-Print Claim".

TOTAL PAID CALCULATION (FIX)

A change was made to the Total Paid button calculation (located on the Claim Item List window off the Service Authorization window and the Claim List window off of Search Claim window).

Previously, the Total Paid amount was not taking into account claims which had been adjusted and an overpayment or underpayment was created. This has been fixed.



N-FOCUS - Claim Item List

File Actions Options Goto Help

Name DANNY DAPPER **ARP ID** 22529968
Service Type HABILITATION SUPPORTED RESIDENTIAL
Provider DD PROVIDER **Provider ID** 74879613
Date of Service 03-01-2008 **To** 12-31-2008 **Search**

Claim Nbr	Line	Vers	Begin Date	End Date	Net Amount	Status
31292885	3	1	03-25-2008	03-31-2008	75.00	PAID
31292885	2	1	03-16-2008	03-24-2008	75.00	PAID
15315823	1	1	03-01-2008	03-31-2008		IGNO
31292885	1	1	03-01-2008	03-15-2008	50.00	PAID
6754735	1	1				PREP
17133175	3	1				PREP
25146353	1	1				PREP
39013322	3	1				PREP
48174232	1	1				PREP
75880485	1	1				PREP

Total Paid

N-FOCUS - Total Paid

Only the latest Paid Claim Line Version is used in the Total Paid calculation.
 The Total Paid amount reflects claim adjustments when overpayments or underpayments are created.

Total Paid Amount 200.00

OK

SERVICE DETAIL PROVIDER WINDOW (CHANGE)

The Provider Detail window has been redesigned for better flow. The window order has been changed to Provider name, Service Approval Owner name, Dates of service and last is Service Type.

CHARTS REFERRAL

ADDING A PERSON (FIX)

A problem was discovered when adding a non-custodial party to a CHARTS Referral if the person is new to N-FOCUS. If the person was removed from the CHARTS Referral before saving, the system saved the person anyway. This caused some duplicate persons to be created in N-FOCUS. This has been fixed so now a new NCP will not be added to N-FOCUS until the CHARTS Referral is saved. Once the CHARTS Referral is saved, then the Family Relationships can be completed.

Remember to do a person search before adding any person (including an NCP) to N-FOCUS. This prevents duplicate persons from being added.

When a CHARTS Referral is created, and there is a grandparent relative payee, the Family Relationships was not allowing the grandparent to be a parent of the NCP. This has been corrected.

COLLECTIONS

COLLECTIONS ICON FROM THE MAIN MENU (CHANGE)

Workers will no longer be able to create Eligibility Determination (ED) Accounts Receivable for ADC, AABD and FSP cases from the Collections Icon. This function has been moved to the Expert System as a new Collections task. All other actions in Collections from the Main Menu will remain the same including the creation of External Overpayments/Accounts Receivable by supervisors.

CORRESPONDENCE - EA

REQUEST FOR CONTACT

- All of the Heading area text fields now allow for the entry of 1000 characters. The "Other" area continues to allow 4000 characters.
- A pop-up box will now allow the worker to select "Print Now" or "Print Later".
- The Fax number of the office has been added to the header under the Toll Free number.

VERIFICATION CHECKLIST

- Comments will be allowed in each Comment field even if no verification type has been selected.
- The Comments fields have been expanded to allow 1000 characters in the first three fields (Citizenship, Identity and Citizenship and Identity) and 3000 characters in the other fields (Expenses, Earned Income, Unearned Income, Resources and Other).
- In 'Other' 5 boxes have been added: Sign and Return Forms CSE-22, IM 17, IM 1, ASD 46, IM60 and FSP 43 and under 'Resources' Relia Card has been added.
- The Fax number of the office has been added to the header under the Toll Free number.

TOP NOTIFICATION NOTICE

A new correspondence type 'TOP Notification Notice of Nonpayment on N-FOCUS' will now be created in N-FOCUS. This is to be used by Issuance and Collections (ICC) staff only. It is sent when the client has been delinquent on a payment of an FSP Accounts Receivable for 90 days

REVIEW RECERTIFICATION LETTER

- With this release, the Cellular Phone number listed on the Telephone window will display when a telephone interview is scheduled if the Program Case Name person only has a Cell phone.
- If the Program Case Name person has both a Home and Cellular phone number listed the Letter will default to the Home telephone number.
- The Comments section has been expanded to allow 4000 characters.

CORRESPONDENCE LIST (FIX)

The previous release expanded the Search Correspondence window to default at showing six months of correspondence. It did not sort the correspondence according to the create date. This has been fixed.

SPANISH CORRESPONDENCE (TIP)

The following is a list of N-FOCUS correspondence that can be created in either English or in Spanish. Correspondence sent by the batch process defaults to English unless their Primary Written Language of the program case person has been set to Spanish.

Client Verification Checklist	Notice Templates
Demand Letter AABD	Notice of Reporter
Demand Letter ADC	Notice of Perpetrator-CWIS
Demand Letter FSP	Notice of Perpetrator-APS
EF Status Change Form	Out of Home Assessment
EF Failure Notice	Quarterly Report Form
Eligibility Review for Kids Connection	Request to Contact
FSP 45 day notice	Review/Recertification Letter
Initial Appointment Letter	Top Notification Letter
EF-FSP Referral and Communication WP-FS 1	

PRIMARY LANGUAGE FOR CORRESPONDENCE (TIP)

For all persons, the Primary Written Language defaults to English in N-FOCUS. The Primary language can be changed to another language by selecting from a drop-down list under the Person Detail Person Demographics.

Spanish is the only language available that effects if chosen for some correspondences documents.

The screenshot shows the 'N-FOCUS - Person Demographic Data' window. It contains several sections: 'Person' with a name field (MARTINEZ), 'Marital Information' with 'Status' (Never Married/Annulled) and 'Begin Date' (01-01-1901), 'Interpreter Needed' with radio buttons for 'Yes', 'No', and 'Unknown', and buttons for 'Add Pregnancy...' and 'Update Pregnancy...'. Below these are 'Ethnicity' (NONE) and 'Race' (a list including American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and White). At the bottom are 'Primary Written Language (If other than English)' (NONE) and 'Primary Spoken Language (If other than English)' (NONE). A callout box with an arrow points to the 'Primary Written Language' field.

WP-FSP 1(CHANGE)

With this release, Workers can now select to either print local or create only the form WP-FSP 1. Previously, only the print now option was available. There would be NO informational alert created for the WP-FS1 because it is created prior to an assignment of the additional worker (EX: Arbor worker).

INTERFACES

IRS INTERFACE (CHANGE)

Caseworkers will now have the ability to view IRS information on cases not assigned to them. As of this release, IRS information on any case persons in a pending or active status can be viewed by any worker regardless who the case is assigned. Also, if a case person is currently in a denied or closed program case but pending for a future month, case workers will be able to view IRS Interface information.

SEW INTERFACE (CHANGE)

Workers will now be able to view SEW when a person is currently closed in a program but either pending or active in a future month.

SVES CLAIM REQUEST PUSHBUTTON (FIX)

When the interface menu is accessed from the Main menu and when the SSN number is entered and searched the push button for SVES SSN Request, 40Q Request, and SVES Claim Request was disabled. This has been fixed and they are now enabled.

MEDICAID CARD REDESIGN (NEW)

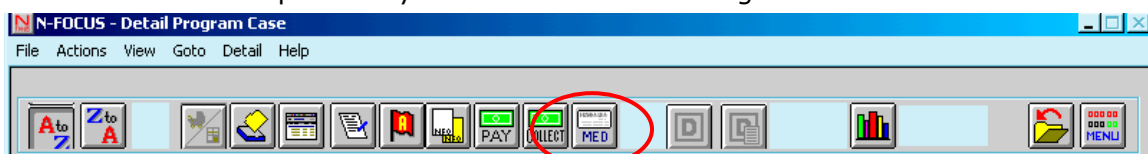
Effective with **cards issued for August 2009**, the Nebraska Medicaid Eligibility Letter (Medicaid Card) will no longer be issued monthly on paper. The card will now be a permanent, plastic credit card sized identification card.

Information on the card includes Name(s), Date(s) of Birth, Medicaid Claim Number(s), pharmacy claims routing information, issue date and the state of Nebraska logo.

There will be no current eligibility information, language regarding Kids Connection participants, co-pay, managed care status and plan, lock-in, Medicare Part A, B and D coverage or TPL information. The back of the card will contain information for clients and providers regarding how to verify current eligibility (800 telephone number and website).

Medicaid eligibility data will be sent to the mail vendor, American Bank Note Company, via a daily electronic file. The vendor will print and mail the cards. Each household will receive a duplicate card. If the household is too large to fit all family members on one card, they will receive two or more cards plus duplicates.

A new Medicaid Card Issuance window is now available via the Med Card Issuance icon off of the Detail Program Case window. This window will display the date the card was issued (date the file is sent to the mail vendor), who was listed on the card and the address the card was sent to. NOTE: This window will not denote whether more than one card per family was mailed due to a large household size.



Case Details

Master Case 7

Program Case 14249517 ADC/MED

Program Case Name BECKY BARNACLES

Medicaid Cards Issued

Issue Date	Household Card Id
07-15-2009	9101325

Persons on the Card

BECKY BARNACLES
BIANCA BARNACLES

Address

9856 WINDY BLVD
OMAHA NE 68106

INQUIRY

Medicaid Card Issuance/No-Issuance Rules

1. Med Cards are sent by program case so a household could receive more than one card. Example: A mom on SSI is active in one AABD case while the Dad and kid are in a separate ADC program case. Because there are two program cases, the household will receive two cards (mom listed on one and dad and kid on the other).
2. If someone is added or reopened in a program, N-FOCUS will check the last issued card. If the new/reopened person is not on the last issued card, a new card will be issued. If the person was on the last card issued, no new card will be issued. N-FOCUS will only compare the current situation to the last issued card for this program case, not any other card that has been issued. If someone in the program case is closed, no new card will be issued, but the worker has the option of issuing a new card if requested. Example: A HH of 5 is initially approved for Medicaid. Two months later, 2 HH members are closed. A new card is not issued showing the two members left. A replacement card is requested 6 months later and now the HH has only 3 members. The replacement card will then list 3 members.
3. Previously, N-FOCUS did not issue cards for people participating in managed care. However, MMIS will no longer be sending Medicaid cards to clients enrolled in Managed Care so N-FOCUS will now issue all Medicaid cards. MMIS will continue to issue notices related to managed care enrollment, plan and primary care physician information.
4. Persons in the following categories **do not** receive a Medicaid card:
 - Presumptive Eligibility
 - QMB (if the person changes to full Medicaid benefits and had never received a card, a card will automatically be issued)
 - Nursing Home living arrangement (if the person moves from the nursing home into the community and had never received a card, a card will automatically be issued when you update the Living Arrangement.

5. N-FOCUS previously did not issue cards to persons in Premium Due or Spend-down status. Since these are now permanent cards, these persons **will now receive** a card even if they have not yet met the spend-down or premium due.
6. N-FOCUS previously did not issue cards if the Program Case name person had the Last Known Address Indicator checked on address. There will no longer be a check for this indicator and cards will be issued.
7. An Unborn will appear on the card as "Unborn <Last Name>." The date of birth will display as 1/1/0001. When the child is born, the worker must update the mother's pregnancy information to show the child was born and named. A new card will automatically be issued.
8. The worker may issue a new card at any time via the Issue Replacement Medicaid card function off the Actions drop-down menu on the Detail Program Case window. There were previously restrictions about issuing replacement cards after Med cutoff, this is no longer the case and Replacement cards may be requested anytime.
9. A child who moves from one out of home placement to another will not automatically be issued a new card. The card should travel with the child to the new placement. The worker may request a new card via the Issue Replacement Medicaid card function if necessary.
10. If someone requests a Medicaid number change, N-FOCUS Production Support will issue a new card as part of the existing process to make this change.

ORGANIZATION DETAIL

ORGANIZATION STATUS (NEW)

A status field has been added to the Detail Organization window. All Organizations currently have a status of Active. However there is also a business need to close some Organizations. When an Organization is discovered to no longer be in business, it can be placed in a closed status on N-FOCUS. Any worker having the ability to change an Organization can change the status from Active to Closed. Only N-FOCUS Production Support staff can change an Organization from closed back to active.

ORGANIZATION TYPES (NEW)

Organizations currently have a type of Perm, Duplicate or are Blank. Effective with this Release, a new Organization type will be used entitled "Secured". This type will be used when there is a business need to restrict some changes on certain Organizations in N-FOCUS. Organizations placed in this status must have Production support staff make updates to address, phone, tax id and Organization name. Service approval information can continue to be updated by any worker currently with that security level. Worker's wanting to make an Organization "Secure" should contact Production Support to set this status.

DELETING AN ORGANIZATION (NEW)

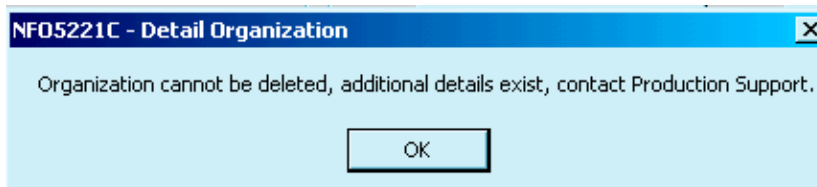
An Organization Study Group recommended workers have the ability to delete Organizations. Sometimes workers start entering an Organization and then realize that the Organization already exists on N-FOCUS. With this release, workers will be able to delete an Organization that is entered in error or that are entered into the system as a duplicate.

Workers with security to add or update information on an Organization can request it be Deleted. From the Detail Organization window, select the "Actions" drop-down and then select the "Delete Organization" action.

The Organization status will change from ACTIVE to DELETE and the save and close icons will be disabled. Use the close window icon and answer yes to save changes.



If an Organization has any Service Approval, Home Detail, Org Person Involvement, Facility Type, or License, the worker will get the following message and the Organization Status will not be set to "Delete"



The "Delete Organization" action will not be enabled if the Organization is currently marked as a "PERM" or "DUP" nor if it is marked with a "Secured" status.

Once an Organization has been placed in the "Delete" status, all pushbuttons and actions to and from other windows either to create new or update information pertaining to the organization will be disabled. This includes creating any new Service Approvals, Service Authorizations or adding an Organization Related Person.

Once a week, a batch program will run to actually delete the selected Organizations. A report will be sent to Production Support of all Organizations that were not deleted due to associated data.

ORGANIZATION NARRATIVE (NEW)

With the July Release a new Organization Narrative Subject Area, of "Provider Specifics" was added. This narrative will be entered from either the Detail Organization window or the Organization Home Details window. The new Subject Area will have only one Item, also titled Provider Specifics. The description of the Item will be, "Document current provider preferences and limitations on the services they provide."

BACKGROUND CHECKS (NEW)

N-FOCUS has added the ability to document checks made with NDEN. This will not be a separate Background Check Type, but rather NDEN has been added to the definition of "Other". When documenting a Background Check Type of Other, one of

two ways can be selected. Workers can create just one Results Narrative with separate paragraphs documenting that a DMV check was completed, an NDEN check was completed, a Law Enforcement check from another state was completed, etc.

Another method is to create separate Other Background Checks, one for a DMV check, one for an NDEN check, etc.

ENTERING BACKGROUND CHECKS (TIP)

The Background check window displays a limited number of instances. This is best seen in an Organization with many completed Background Check over time and/or many individuals in the Organization. To see the most current background checks, enter a date range at the bottom of the window and select "Refresh" to display all of the most current background checks.

NOTE: It has been discovered that sometimes the refresh button does not actually refresh the screen. If that is the case, try refreshing again and if it still doesn't give the desired results, contact N-FOCUS Production Support PRIOR to documenting any more Background Checks.

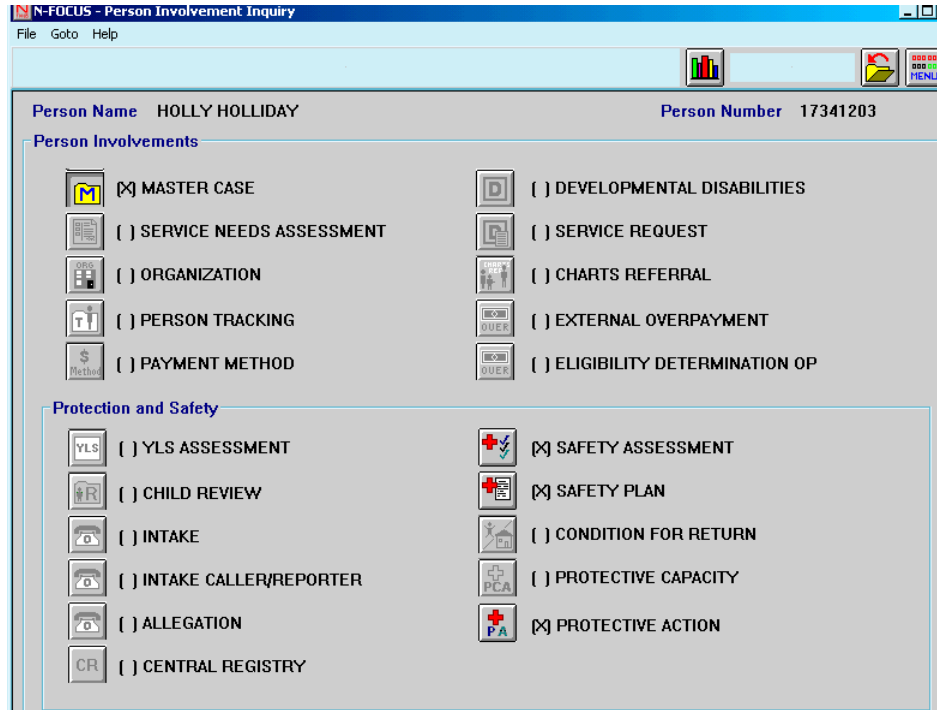
PERSON DETAIL

PERSON INVOLVEMENT WINDOW (NEW)

In the Person Detail window has been redesigned adding additional Icons. A Pushbutton has been added for the Medicare Inquiry.

Also added is a pushbutton for workers to see a Person's Involvement and their relationships in N-FOCUS

A single click on an enabled icon allows workers to view the details of the selected involvement



CLIENT ELECTRONIC APPLICATION—ACCESSNEBRASKA

Several enhancements have been made to the Electronic Application.

1. The Verification Checklist for clients is now available on the web application. This will be a general verification checklist so clients can start gathering and sending in verification before the interview, if they chose to.
2. Currently the client must answer the School Attendance question for each child separately. This was re-designed to ask the name of the school, and then the client selects the children who attend that school. The school will only appear once with all children who attend that school checked. If children attend different schools, the client can still select "Add Another School" to enter a new school name, address and select the children attending that school.
3. There were some changes to the Signature page to make it more user-friendly.
4. The public housing question is being moved to its own question. This is currently part of the rent question, but rent is not asked for LIEAP and public housing needs to be.
5. The question "does the father of the baby live in the home" was appearing at times when it should not. This was fixed so this question only appears if the pregnancy question is answered 'yes'.
6. Wording changes to the drug felon question and a new question asks if they were convicted of trading Food Stamp benefits for drugs. This was added as a result of a Federal review.
7. When the client selects the programs, if they didn't go through the Pre-screening first, they didn't always answer AABD if they were receiving SSI. They also would select both ADC and Medicaid, etc. The wording was changed after ADC - This includes cash assistance and Medicaid for families with children age 18 and younger. After AABD - This includes cash assistance and Medicaid. Please check this program

if you are receiving SSI through Social Security, are age 65 or older, or are disabled or blind.

8. Collecting data about where the client completed their application so we can track the numbers being completed at the kiosks.

9. The e-app was not displaying correctly on the kiosks due to Firefox browsers. This has been corrected.

10. The court order information was only asked if the client was receiving income from the court order. We added this to the child support section.

11. We added a new display for viewing all programs that are tied to an e-app. The



new icon can be seen on the Detail Master Case. Selecting this icon will allow workers to select an e-app and it will display all programs in this Master Case that are tied to this application. Workers can still view the applications by selecting a program to view all applications that have ever been tied to that particular program

EXPERT SYSTEM FOR SSW

COLLECTIONS TASK (NEW)

The Collections Task has been added to the tree list in the Expert System. This task will have a red X by it when there are ADC/MED, AABD/MED and/or FSP overpayments which have not been placed in an Accounts Receivable.

To place Overpayments in an Account Receivable go to the Collections task and select one or more overpayments with the same program and error type. Select Create AR and the system will create an Account Receivable (A/R).

Selecting the Benefit Summary button will display the benefit summary of the budget in which the Overpayment was created.

Upon creating the AR the Accounts Receivable window will display. The cash and percentage withholding amounts default on an ADC and FSP A/R per program standards. On an AABD A/R, the default is 10% but this can be changed to another percentage or a cash amount.

Any other changes to Overpayments or Accounts Receivable must be made in the Collections task from the main menu.

When all overpayments have been placed into an A/R the red X will change to a green i. After placing the overpayments into the A/R, a pop-up message will display stating a Demand Letter will be created when the Master Case is checked in. The Demand Letter will be automatically mailed in batch that night. Once an overpayment is placed into an A/R, budgeting can be run immediately to begin the recoupment in the come-up month budget allowing for 10 day notice of adverse action.

July 13, 2009 Major Release Notes

NFOCUS - Navigator **COPPER DOGG** 215

File Actions View Goto Help

Data Collection
 Non Financial
 Financial
 Verifications
Collections
Case Maintenance
Case Actions
Other Role Actions
Household Status
Participant Actions
PC Name/Payee
Prorate/Expedited
Review/Recertification
Eligibility
 Configuration
 Budgeting
Summaries
Benefit Summary
Case Summary
 Utilities
 CWIS

PROGRAM	LAST NAME	FIRST NAME
ADC/MED	DOGG	COPPER
House...	Pending	335.00 08-01-2008 07-06-2009

[Create AR] Benefit Summary Help

Tasks **Notices** Pending Overpayments AR Summary

RunningCollections 07-06-2009 11:30:15

Accounts Receivable

Responsible Party: COPPER DOGG Program: ADC/MED

Create Date: 07-06-2009 Amount: 335.00

Error Type: Household (ADC, AABD)

Status: Active

Status Reason: Incorrect Determination of Deprivation

Collection Type: Recoup Elig Amount:

Method: Agreement -OR-

Frequency: PerIss/Pmt Percentage:

OK Cancel Help

Message!

A Demand Letter will be created upon upload. It may then be viewed in Correspondence. Begin recoupment by running budgeting for the next budget month allowing for 10 day notice of adverse action.

OK

COLLECTIONS RECOUPMENT (TIP)

When there is a recoupment amount on an AABD case, N-FOCUS rounds up when the cents is greater than \$.50 and rounds down when the cents is less than \$.50 to the nearest dollar. Example: \$218 x 10% = 21.8 so the system rounds up to 22. For ADC and Food Stamps, N-FOCUS rounds down to the nearest dollar.

BUDGETING—ADC

If the PA budgeting group has a status of "Employment First Case Required" due to an adult in the TMA-G case; N-FOCUS will display the person in the TMA-G unit who does not have an EF case.

BUDGETING—CC

TRANSITIONAL CHILD CARE (FIX)

Currently, when a CC case in is TCC and the ADC case reopens, the Child Care status correctly changes to "Current Family". A problem occurred if one or more persons in the ADC case were FR, then the CC status stayed "TCC" and did not go to "Low Income or Sliding Fee" as it should. This has been corrected.

BENEFIT SUMMARY AND BUDGETING MED

The MN Benefit Summary has been enhanced. Some MN participants are eligible for Medicare Part B state buy-in. If the participant is in this small group of buy-in eligible, the Share of Cost Adjustment Detail window will display the Medicare Part B expense as an excluded expense with an exclusion reason of 'Budgeting Rules'. In this situation it will not be used in the calculation of the adjusted share of cost since the participant is not responsible for payment of the premium.

BUDGETING—MED

SHARE OF COST

When authorizing a MN budget with Share of Cost, there is another option on the window where the status to Active or Spend-down is set. Workers will be able to set the status to Closed or Denied. If this option is picked, all participants in the MN budget will be set to Closed or Denied.

Spenddown **Benefit Month: 6-2009**

Select a status that is appropriate for all of the Participant(s) listed below. The status may only be set to Active if the participant receives Personal Care Aide, Home Health, or Medicaid Waiver services and the Adjusted Share of Cost amount is less than the monthly medical need. The Medicaid case should be set to Spenddown status if the related waiver case is a DDSCSA.

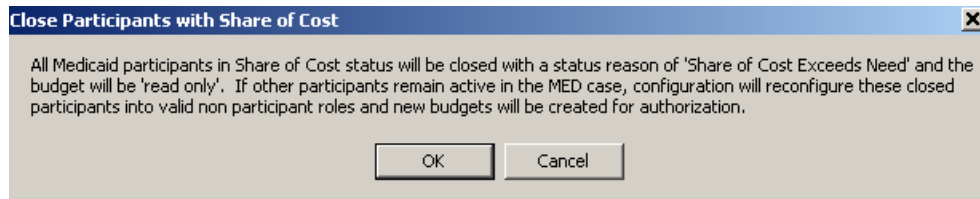
Participant(s):			Select Status:
VISTA	ALTA	01-15-1977	<input type="radio"/> Active <input type="radio"/> Spend Down

Recalculated Budget - Participant(s) Remain Active

Close Share of Cost Participants **OK** **[Cancel]** **Help**

If there are no other budget units, the system will return to the Authorization window where the MN Share of Cost budget will be marked as Read Only. This budget will now be saved.

If there are other budget units remaining, e.g. EMAC, MAC, etc., MED Budgeting will re-run returning to the Authorization window *with new budgets*, including the Read Only MN Share of Cost budget to be saved.



KIDS CONNECTION PROGRAM (CHANGE)

As of 9/1/2009 the FPL for the Kids Connection program will increase to 200%. This increase will not affect the Semac (unborn) level. When budgeting for KC the work around to keep an Unborn at the 185% will be to mark the unborn as "insured" when the Insured status window appears.

CASE MAINTENANCE— EXPERT SYSTEM CASE ACTIONS

CASE CLOSURE (CHANGE)

Now when selecting case closure reasons, the dropdown list will be in alphabetical order.

REVIEW DATE (CHANGE)

ADC/MED grant and MED related cases will have the next review date logic changed to accommodate the 12 month reviews.

NEXT REVIEW DATE (FIX)

When the next review date was changed via the Review/Recertification task, the last review date was not being updated correctly. This will be fixed with this release.

LAST REVIEW DATE (FIX)

Last Review date is not getting set in the Case Maintenance task of Review/Recertification. This was making the 'Case Review Activity' Report to be incorrect. This has been fixed.

ELIGIBILITY SUMMARY WINDOW (CHANGE)

The \$00.00 has been removed from the Benefit Summary window for Child Care and Medicaid program cases. It was confusing to view this window in seeing the \$00.00 when the category was sliding fee. The sliding fee amount is found upon opening the benefit summary window for a particular benefit month.

INCOME TASK

OTHER INCOME (TIP)

Close the instance of Other Income when it is for Child Support retention when an External Overpayment and Accounts Receivable has been created because N-FOCUS will now recoup.

EARNED INCOME EXCLUSION (NEW)

A new Earned Income Exclusion Reason of “not 30 days” has been added to that workers will be able to indicate paystubs that were not used in the budget as they were not in the 30 days prior to the interview.

CORRESPONDENCE - ES NOTICES

ADC GRANT NOTICE

Notices will detect when the ADC/MED grant amount changes due to either the creation of a child support assignment or the removal of an assignment.

CHILD CARE NOTICE (FIX)

1. In some instances when the case changed one assistance code to another (TCC to Low Income Family for example) the notice was showing the parent or child as “Ineligible”. This has been corrected.
2. When changing a child to a ‘non-participant’ the Notice was displaying the reason as “reason found in comments section.” This has been corrected.
3. When a case was closed due to non-cooperation with Child Support no manual reference was displayed. This has been corrected.

FOOD STAMP AND CHILD CARE APPROVAL NOTICE (PROBLEM)

On Food Stamp and Child Care Approval notices, the notice indicates the correct month of approval, the amount and lists the household members and their status for FSP and the approved persons for Child Care.

A problem has been discovered in that a second approval sentence is added and then only one of the people is shown as approved.

Example: In a Food Stamp Program with the application approved for 7-2009. The monthly benefit is \$263.00. The benefit is prorated from 07-16-2009.

The Notice displays for the Individual Status as

DEBBIE CALE Eligible

JANE CALE Eligible

JJ CALE (Head of Household) Eligible

The following individual(s) are approved for Food Stamp Program benefits effective

7-2009. Your Food Stamp Program benefits remain unchanged.

Individual Status

DEBBIE CALE Eligible

Your benefits will change for 8-2009. The monthly benefit will be \$526.00.

Workers need to add the other eligible persons under the comment section until this problem can be fixed.

TRANSFER/DEPRIVATION OF RESOURCES (CHANGE)

The text has been enhanced on notices created for Denied benefits with the Sanction reason of due to Transfer/Deprivation of Resources Prior to 02-08-2006.

MED DENIAL/CLOSE REASON (FIX)

When an ADC/MED case is denied/closed and an adult becomes an active Financially Responsible (FR) adult in the Medicaid case due to the ADC/MED closure reason, it will be displayed on the notice. Most common scenario that has been fixed with this is: ADC/MED case closed for Employment First Sanction and the children are eligible for Medicaid, but the adults are not. Medicaid case is created for only the children and the adults become Financially Responsible (FR) in configuration. Notices will get the adults closure reason from the ADC/MED case and display it as the reason Medicaid was denied.

N-FOCUS RUNNING SLOW (TIP)

It has been discovered that when a worker leaves Kelly Blue Book open, their machine runs slow. These same workers also experience more "AION Business Rule" errors. Kelly Blue Book is a very large file so ties up a lot of memory on a person's machine. It is recommended that workers open and then close Kelly Blue Book each time to access information needed to allow for maximum computer performance.